

A Dose of Public Health through Grassroots Advocacy:

The Development of Tobacco-Control Policy on a College Campus

by G. Lea Bryant

Maine has the unfortunate distinction of having the highest rate of tobacco use among 18- to 30-year-olds of any state in the nation. Moreover—as Bryant points out—first-time smoking among traditional college-age populations has risen nearly 30% in the past decade. Armed with these statistics, it is not difficult to conclude that college campuses in Maine face a serious public health issue. Carried by the momentum of recent tobacco-control policy developments at the state level, the University of Maine at Farmington (UMF) has passed a stringent new tobacco-control policy that places UMF in the forefront of nationwide efforts to curb tobacco use among college-age students, and also to minimize the harmful effects of secondhand smoke. In this article, Bryant traces the grassroots advocacy efforts that led to the recent passage of a new tobacco-control policy at UMF. She concludes with a set of recommendations for policy advocates in other settings.

Tobacco-control policy thus serves as a long-awaited dose
of public health against a lethal product that has been peddled
and glamorized for over a hundred years.

The University of Maine at Farmington (UMF) is a four-year, traditional residential university campus with a community population of 2,631 students, faculty, and staff. Even though UMF is recognized nationally as a public liberal arts institution, over half of the two thousand full time students are matriculated in the College of Education, Health and Rehabilitation, with most hoping to pursue teaching careers in elementary, secondary, early childhood or health-related fields.

As five of the nation's largest universities declare their buildings smoke-free this fall, the Farmington campus will push the public health envelope one step further by implementing a five-year campus proposal toward a more protective smoke-free environment. Starting this fall, UMF's "smoke-free corridor policy" will include protection within ten highly trafficked, handicapped-accessible entranceways. Signs will be posted in front of each corridor stating, "We ask your cooperation in making this a smoke-free entrance," and, to mark the end of the tobacco culture, ashtrays will be removed both inside and on the front steps of academia. The policy will be enforced strictly by the courtesy system, with the hope that people will cooperate on their own merit. Offering her official stamp of approval, Dr. Theodora Kalikow, President of UMF states that "this is first step in a five-year plan, which has been endorsed by the Campus Residence Council, the Student Senate, the Faculty Senate, and the Commuter Council. Presented in four forums for discussion, it will help UMF move toward a more healthful environment for all members of the campus community" (UMF Press Release, 1999).

The smoke-free proposal cites activities and annual reviews in a five-year plan, with publicity about the proposal and the availability of cessation programs for the campus community. Throughout the development of the proposal in year one (1998-1999), the campus became heavily involved with formal discussions. Cessation programs also were established throughout the community. This fall, as UMF enters year two (1999-2000), activities will include the creation of admission materials so that incoming students are aware of the smoke-free corridor and the availability of cessation programs. By year three

(2000-2001), smoke-free zones will expand coverage to the exterior of all buildings. The proposal will then review all activities to date at the end of years four and five (2002, 2003). Signs will be posted on campus to indicate UMF encourages a healthy climate through the creation of a smoke-free corridor signaling the end of a five-year transition.

In a *USA Today* survey of the nation's largest colleges and universities, other academic leaders across the nation lend their support for similar smoke-free initiatives. "This is a policy grounded on clear and concise medical data," said Mary Rouse, University of Wisconsin at Madison's Dean of Students. "There are more serious life consequences from smoking than anything that I could dish out as dean. It's the duty of the college to continue teaching these lessons. If it takes banning smoking, I have no problem with that" (Davis and Fowler, 1999).

The passage of a new public health policy to address Maine's number one national ranking in adolescent/young adult smoking proved to be a fertile opportunity for grassroots advocacy. Survey results at UMF indicate that 75% of 304 students and 87% of 91 staff would agree with restricting smoking to certain places and away from handicap areas (UMF Student and Staff surveys, 1999).

Why the significance of policy development? Despite the fact that Maine leads the country in tobacco use among adolescents and young adults, policy development promotes the message that communities throughout Maine take threats to public health very seriously. Tobacco-control policy thus serves as a long-awaited dose of public health against a lethal product that has been peddled and glamorized for over a hundred years.

This case study will explore the process of policy change on a university campus, the grassroots initiatives that have contributed through public health advocacy, and a list of recommendations for other public institutions seeking similar tobacco control initiatives. Specifically, a review of tobacco-control policy serves to:

- Clarify, within a public arena, the democratic values and ideals that underscore a learning community.

The adoption of a new university policy serves to protect *both* the solidarity of the community and an individual's right to be protected from the harmful effects of secondhand smoke.

- Implement a primary prevention strategy within a higher education setting—the most vulnerable community setting for young adults to initiate first time use of tobacco products. As images of smoking huddles throughout academia become less visible over time, so will the culture of tobacco and its seductive influence among peers. Expanded protection thus thwarts the traditional and yet ironic message of a tobacco-friendly culture in the very communities where students come to learn.
- Expand the protection of public health boundaries by redefining a “smoke-free environment.” A 1987 “smoke-free” policy that prohibited smoking with all institutional buildings at UMF has been replaced by a new policy that outlines a five-year plan progressing toward a more protective smoke-free campus.
- Advocate for public health initiatives by serving as a model for similar smoke-free initiatives within higher education settings throughout Maine and across the nation.

A university tobacco control initiative revisits many questions; above all, the most practical and crucial: How did a strategic plan for smoke-free policy evolve in less than one academic year? To answer this question, it is vital to understand UMF's academic culture that dictates the process of policy change within its operational framework.

A CULTURE OF CONSENSUS BUILDING

UMF has a history of consensus building prior to making significant changes that impact the campus community. The University's mission statement fully embraces ideals that promote a healthy, learning community and is supported by the value of consensus building. These ideals are promoted through various skills and perspectives, including an increased sense of responsibility for individual actions; an embracing of social justice, cultural, and intellectual diversity; and the application of skills that entail applied problem solving strategies,

communication, and collaboration. As noted in the UMF catalog, students are thus encouraged to evolve both intellectually and socially as “responsible citizens in a global community.” The campus government is built around three entities: the Faculty Senate, the Student Senate and the Campus Residence Council. Policy changes are rarely made through a top-down decision; instead, the campus generally operates in a consensus mode, by soliciting input from the campus community and then taking action based on the general mood of the campus population.

BIRTH OF GRASSROOTS DIALOGUE

In general, topics of interest to the campus community are addressed and supported by the specific actions or activities of students. As with most institutions of higher education with a fluctuating population, specific topics of interest change from year to year. In the 1997-98 academic year, a small group of students gathered under the auspices of the Campus Residence Council to discuss the problems relating to tobacco use on campus. This interest arose from concerns about exposure to secondhand smoke outside the doors of campus buildings. The group decided to conduct a simple evaluation to determine if their concerns were justified. However, due to a more pressing community problem of date rape, the results of the student poll were shelved.

Revisiting the tobacco issue on campus could not have come at a better time than in the fall semester of 1998, as a multitude of internal and external factors began to emerge onto the public health platform. Student leaders, for instance, returned to campus reenergized toward the issue of tobacco; the campus was awarded an \$80,000 Partnership for Tobacco-free Maine Grant, and the Maine State Legislature was considering the passage of a precedence-setting bill to prohibit smoking in all public restaurants. Hence, throughout the state and UMF community, organizations began to strategically address the issue. Collectively, they were unified on a single public health issue—the harmful effects of involuntary exposure to secondhand smoke.

PARTNERSHIP FOR TOBACCO-FREE MAINE PROJECT

The project at UMF focused on the dual concepts of educating students and faculty so that the information presented about tobacco issues was uniform and accurate, and supporting

Maine has the distinction of having the highest rate of tobacco use in the 18- to 30-year-old age range of any state in the nation.

of the student efforts to address their concerns about tobacco on campus. To better understand why this was such a driving concern, it is important to know that Maine has the distinction of having the highest rate of tobacco use in the 18- to 30-year-old age range of any state in the nation. As reported in the *Journal of American Medical Association*, statistical data reveal that first-time smoking by the traditional college-aged population has increased nearly 30% over the past decade (Weshsler, et al., 1998). Moreover, the United States Surgeon General classifies smoking as the most preventable cause of premature death (U.S. Department of Health and Human Services, 1994). This disturbing evidence translates into the fact that college campuses indeed have a significant public health problem. Students self-reported in a UMF survey that they use tobacco as a stress reducer and many testified that they are fully informed of the dangers and have no intention of continuing after college.

CURRICULUM INFUSION

A critical strategy was to identify opportunities for media presentations where tobacco control issues were formally integrated within undergraduate curriculum. A survey of course syllabi and content was conducted, and information distributed among campus faculty. In addition to targeted educational presentations within the classroom setting, it was clear that a broad-based media campaign was essential for a successful campus dialogue about the effects of tobacco and secondhand smoke. Consequently, tobacco control was assigned as a topic for problem-based service learning projects in HEA-311 (Health Education Planning), a required course for senior level majors in the community health program. The following five projects collectively served as a campus-wide media campaign:

- A Second Annual Healthy Beaver 5K Walk/ Run, with a non-smoking theme: “Catch the Fever Be a Smoke-free Beaver.”
- “The Art of Being Smoke-free,” an art exhibit showing the artists’ ideas of how tobacco affects the

life of the entire community, coupled with a modern dance piece, entitled “Death with Smoking,” which portrayed the personal effects of tobacco on youth.

- FASS/T—“Females Against Secondhand Smoke and Tobacco”—a multimedia campaign plastering the campus with the message, “Tobacco is Killing ME” (Maine); with a special focus on the college-age female population and the predisposing factors toward smoking.
- “No Butts About It”—a community gathering about tobacco and cessation services.
- “Kickin Butts”—a dissemination of smoking cessation media and materials directed toward the availability of local cessation services for the college smoking population.

The community health education course collectively spearheaded a campus-wide media campaign as a key component of the \$80,000 Tobacco Free Maine campus grant. The five student projects were unified by a common planning goal “to raise awareness of the harmful effects of involuntary exposure to secondhand smoke and the use of tobacco.”

Student groups were first assigned a select population group on campus to direct all educational media regarding the issue of tobacco prevention and cessation. As the culminating experience in the community health education program at UMF, course requirements for the student projects adhered to national level competencies for health education specialists and a theoretical model for program planning. The project also facilitated the application of one vital professional competency—the ability to serve as a public health advocate. Throughout the process of policy development, students witnessed the impact public activism had within their own campus community.

By reinforcing the value of a healthful environment, smoke-free policy serves to protect the rights of “the common good” and other community members most vulnerable to the ill effects of involuntary exposure. During one of the four campus

A dose of public health through grassroots advocacy helps to answer a question critical to the development and acceptance of smoke-free policy: Who will advocate for the common good?

hearings, Michelle Caliendo, a non-traditional student and community health major at UMF, offered personal testimony:

I have asthma and so does 10% of the population in the United States... When exposed to secondhand smoke my airways tighten; I wheeze and cough and need to take an extra dose of medication. After taking my inhaler my heart races and my hands become shaky. It's extremely difficult to focus on a lecturer if I'm experiencing medication side effects and breathing difficulties. So, when there is cigarette smoke in front of a doorway, it is like a set of stairs to a wheelchair bound person (March 3, 1999).

Other personal testimonials were offered by a variety of HEA-311 students on campus forums, as well as within the Maine State Legislature, where the topic of involuntary exposure to secondhand smoke and questions of public policy were up for debate.

The impact of this broad-based media campaign was critical in promoting campus dialogue about tobacco issues, but its value also was very far reaching for students, personally. The human impact of the media campaign was observed across campus within other curriculum settings, such as in a first-year English class, where one student wrote about his long struggle with nicotine addiction that dated all the way back to the eighth grade:

A while back, when I finally decided to quit [smoking] for the sixth and final time, a good friend named June gave me a "Quit Kit." The kit is put out by the Partnership for a Tobacco-free Maine. In it there are flyers, articles, and reasons for quitting. Surprisingly enough, many of the reasons in the kit were some of the same reasons I have [to quit smoking]. Some are: I want to feel better about myself, I want to quit coughing up that sick mucus, and I want to get back into sports (Steven Akeley, May 4, 1999).

The application of this media campaign as a problem-based service learning strategy is similar to other curricular models in teacher education and public health. Working within the framework of a major state grant, this undergraduate curriculum initiative proved both practical and timely, as the five media projects collectively served as a catalyst in shifting the social climate toward acceptance of a tobacco-free culture.

RECOMMENDATIONS

What are the lessons learned and what does this mean for policy advocates within other public institutions? Listed below are a collection of recommendations based on the UMF case study. Of course, every public or private setting is unique to its own social climate. Still, acknowledging this reality is a step in the right direction.

1. Secure the support of upper administration, such as from the president and vice president of Student Affairs. This was the most critical strategy prior to initiating any community proposal.
2. Gain grassroots support and representation throughout the entire community—students, faculty, staff, and administration. Treat your community as you would any other community, but recognize the unique dialogue that occurs in settings—such as academia—and seek the opportunities for dialogue that exist.
3. Listen to the community. Do not simply inform; take organized collective action through careful planning and facilitation.
4. If the timing is right, strike while the topic is hot—coincide policy proposal with events related to tobacco control issues external to your community, such as the passage of state legislation prohibiting smoking in public settings. Just because the issue

of tobacco on campus has been on the back burner, do not assume that all hope for public health policy is finished or that it cannot be revived.

5. Assess the “temperature” of the community through multiple polls. Apply valid and reliable evaluation and data collection procedures, and clearly communicate the utility of this poll.
6. Entertain ongoing discussions about “public health” or the “environmental issue,” rather than a “debate.” This especially honors the unique nature of an academic community.
7. Focus ongoing discussions and media content on the topic of involuntary exposure to secondhand smoke and the availability of cessation resources. For higher education settings, avoid presenting an anti-choice perspective toward the use of a legal substance.
8. Even though some individuals may adamantly believe that a lack of knowledge is not the major contention in tobacco-control issues, deficiencies throughout the community may, in fact, exist. One example included a lack of public awareness that scientific evidence indicates no known safe level of exposure to secondhand smoke. Moreover, among young adults there may be a lack of knowledge of the term, “cessation.”
9. Anticipate either complete apathy on behalf of the opposing side of tobacco control policy (i.e., smoking population), or expect a highly organized grassroots debate. Apathy among smokers may erroneously be perceived as a pleasant surprise, so encourage and value their input as part of the community process toward change. When individuals strongly disagree with the outcome, they may carry a grudge. Avoid a bullying approach to grassroots organizing, which may promote antagonism and may even result in a formal public protest.
10. Create an advisory board, comprised of a variety of community members, such as faculty, students, and teams of professionals from the campus health

center, office of student life, health and fitness center, and other common interests groups to create a unified voice.

11. Review opportunities, such as course curriculum, to identify areas where tobacco issues might be addressed. Be certain the message is clear and uniform. Offer workshops and training to produce cessation counselors, using a “train the trainers model” so that staff can teach ongoing cessation counseling skills to others.
12. If a new policy has been embraced, collaborate with administrators and the admissions’ staff to craft the language of public service announcements. Finally, the voice of a new public health policy should be sung through the office of the university president.

CONCLUSION

As the theme “Smoke-Free in 2003” welcomes old and new arrivals to campus this fall, only the community will tell the fate of a smoke-free policy at the University of Maine at Farmington. This marks a progressive step for public health policy with expansion of smoke-free boundaries into the next millennium. A dose of public health through grassroots advocacy helps to answer a question critical to the development and acceptance of smoke-free policy: Who will advocate for the common good? The answer to this question also points to the value of grassroots advocacy and the major lesson learned throughout its development—it is the power of community that determines the course of who **we** want to be. For the ideals that underscore public policy were born, rekindled, and embraced by the very people it intends to serve. 🐉

The author wishes to thank Linda Gamble, UMF Project Director of Partnership for Tobacco-Free Maine for her contributions.

Please turn the page for article references and information about the author.



G. Lea Bryant is an assistant professor at UMF who, this past spring, taught a health education planning course that served as the catalyst for a grassroots media campaign for a smoke-free campus. Originally from Murfreesboro, Tennessee, she holds Master of Public Health and Doctor of Philosophy degrees from the University of Tennessee and is nationally certified as a Health Education Specialist. She also serves as head coach for the men's and women's cross-country track teams at UMF.

REFERENCES

- Davis, A. and B. Fowler. Collegians Lighting Up: Smoke-free Zones Spreading Across Nations Campuses. *USA Today*, 4 March 1999, A1.
- The Committee on Tobacco-Related Issues Proposal for a Smoke-Free Corridor. UMF staff survey of smoking practices on campus. Farmington, Maine: Partnership for Tobacco-Free Maine. February 1999: 1-5.
- The Committee on Tobacco-Related Issues Proposal for a Smoke-Free Corridor. UMF student survey of smoking practices on campus. Farmington, Maine: Partnership for Tobacco-Free Maine. February 1999: 1-8.
- U.S. Department of Health and Human Services. "Preventing Tobacco Use Among Young People: A Report of the Surgeon General." Atlanta: U.S. Department of Health and Human Services, July 1994.
- Wechsler, H., N. Rigotti, J. Gledhill-Hoyt, and H. Lee. "Increased Levels of Cigarette Use Among College Students." *The Journal of American Medical Association*. 1998: 1673-78.